

K OFFICE

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	STARR et al.	Examiner:	Rutao Wu				
Application No.:	10/045,503	Art Unit:	3628				
Filed:	November 7, 2001	Docket No.:	ARIBP051				
Title:	METHOD FOR SELECTION DIRECT COST AND A N		AN OPTIMAL BALANCE BETWEEN IBER OF SUPPLIERS				

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Mail Stop RCE, Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, V 22313-1460 on:

Veronica Pula

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL FILED WITH AMENDMENT E

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. S	ubmissio	n required unde	r 37 CFR §1.114				
	a. 🗌	Previously su	Consider the amendment(s)/reply under 37 CFR §1.116 previously				
		med o	n				
			Consider the arguments in the Appeal Brief or Reply Brief previously				
		filed o	n				
			Other				
	b. 🖂	Enclosed:	9.0				
	_		Amendment/Reply				
		Affidavit(s)/Declaration(s)					
			Information Disclosure Statement (IDS)				
			Other				

ATTORNEY DOCKET NO. ARIBP051 Application No.: 10/045,503

Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

				Small Entity			Large Entity		
			Ī	Rate	Fee		Rate	Fee	
RCE FILING FEE			x \$405 = \$	(OR	x \$810 = \$	810.00		
CLAIMS	After RCE	*HP	Extra		•	-			
Total	22	24		x \$25 = \$		OR	x \$50 = \$		
Independent	4	3		x \$105 = \$	1	OR	x \$210 = \$		
Multiple Dependent Claims -0-			x \$185 = \$		OR	x \$370 = \$			
*HP = Highest previously paid			TOTAL FEES \$			TOTAL FEES \$	810.00		

*HP	*HP = Highest previously paid			TOTAL FEES \$		TO	TAL FEES \$	810.00	
2.	Miscell	aneous:							
	a.	Suspension of action	OI	n the above-ide	entified	applica	ation is reau	ested under	
	•••	37 CFR §1.103(c) for a period							
	•		Ju	<u> </u>		muis.			
	b	Other		·					
3.		Applicant hereby petitions for	or	an extension of	f time a	s follo	ws:		
		••			SMALL ENTITY			LARGE ENTITY	
				Rate	Add'l F	ee	Rate	Add'l Fee	
	Extension	on for Response within FIRST month		x \$60 = \$		OF	x \$120 =	\$	
		for Response within SECOND month		x \$230 = \$		OR			
		on for Response within THIRD month		x \$525 = \$		OF			
╙		on for Response within FOURTH month		x \$820 = \$		OF			
	Extension	on for Response within FIFTH month		x \$1115 = \$		OF	x \$2230 =	\$	
ó. ≸	to	Applicant(s) hereby petition Enclosed is our Check No. 4 er 37 CFR §1.17 (e), the additional Please charge Deposit Account cover the RCE Fee required usion of time fees.	05 on t N	in the amound claim fee, it is in the same	int of \$ <u>8</u> f any, an ARIBPO	3 <u>10.00</u> nd/or ex 051) i	to cover the stension of n the amou	e RCE Fee time fees. nt of	
	e subject	If the required fees are missing t application, please charge suc (ARIBP051).	-	•		-	_	•	
3.		Applicant Initiated Interview R	.eq	uest Form.					
9.	\boxtimes	Please continue to send corre	Ise	ondence to th	e follow	ing ad	dress:		
			-	MER NO. 21					
		CODI	•	**************************************	/ _				

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